

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

14118

State File No. \_\_\_\_\_

FILED MAY - 9 1957

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 256 PRIMARY REG. DIST. NO. 5977 Registrar's No. 11

1. PLACE OF DEATH a. COUNTY <u>OREGON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>OREGON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL - PINEY No. 1.</u>	c. LENGTH OF STAY (In this place) <u>-</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL - PINEY No. 1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>-</u>		d. STREET ADDRESS (If rural, give location) <u>0750</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>EDWARD</u> b. (Middle) <u>TEROME</u> c. (Last) <u>STEPHENS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>4</u> <u>25</u> <u>1957</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>9-7-1877</u>		9. AGE (In years has birthday) <u>79</u> IF UNDER 1 YEAR Months <u>8</u> Days <u>18</u> IF UNDER 12 HRS. Hours <u>-</u> Min. <u>-</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>KENTUCKY</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>

13a. FATHER'S NAME <u>ISRAEL STEPHENS</u>	13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>	14. NAME OF HUSBAND OR WIFE <u>KATHY STEPHENS</u>		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>-</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Pecil Stephens Alton, Mo.</u>		
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac: essential hypertension</u>			INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Dropsy: severe edema.</u> DUE TO (c) <u>Senile body changes.</u>			
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>443x</u>		20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR

22. I hereby certify that I attended the deceased from 2-19-57, 1957, to 4-25-57, 1957, that I last saw the deceased alive on 4-25-57, 1957 and that death occurred at 3100B St., from the causes and on the date stated above.

23a. SIGNATURE <u>Dr. W. W. [Signature]</u> (Degree or title) <u>D.O.</u>	23b. ADDRESS <u>Alton, Missouri</u>	23c. DATE SIGNED <u>5-1-57</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>4/28/1957</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Clifton Cemetery Oregon County Mo.</u>	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REG. <u>5/4-57</u>	REGISTRAR'S SIGNATURE <u>Mrs. W. Johnson</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>John O. [Signature]</u>	ADDRESS <u>Mo.</u>
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(Licensed Embalmers' Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

23

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Student Embalmer No. ....

working under my personal supervision.

Student .....

Student Embalmer

Signed.....

*John D. Clary*

Licensed Embalmer No. 4475

P. O. Address Box 398 Altamonte

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.